
Program Memorandum Intermediaries/Carriers

Department of Health and
Human Services (DHHS)
HEALTH CARE FINANCING
ADMINISTRATION (HCFA)

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Date: APRIL 3, 2001

**TRANSMITTAL AB-01-38 HAS BEEN RESCINDED AND WILL NOT BE RELEASED.
THIS TRANSMITTAL NUMBER WILL NOT BE USED IN THE FUTURE.**

CHANGE REQUEST 1654

**SUBJECT: Release of Version 2.1.1 of the Electronic Correspondence Referral System
(ECRS)**

Medicare contractors have had Version 2.1 of the ECRS for testing since February 2001. Based on contractor testing, revisions have been made to this version by the coordination of benefits contractor. The software to support the new Version 2.1.1 will be shipped to the data centers on March 30, 2001, for testing. Contractors should begin production by April 9, 2001.

In addition, the new ECRS Reference Manual to provide support to Version 2.1.1 has been revised and is an attachment to this memorandum.

The *effective date* for this Program Memorandum (PM) is April 9, 2001.

The *implementation date* for this PM is April 9, 2001.

These instructions should be implemented within your current operating budget.

This PM may be discarded after October 13, 2001.

If you have any questions, contact your regional office MSP coordinator.

Attachment

HCFA-Pub. 60AB

**Electronic Correspondence Referral System
(ECRS)
Reference Manual**

Version 2.1.1

Rev. 01-03/March 2001

GHI-DI-501-2.1.1

Confidentiality and Disclosure of Information

Section 1106 (a) of the Social Security Act as it applies to the Health Care Financing Administration (HCFA) - (42 CFR Chapter IV Part 401 §§ 401.101 to 401.152) prohibits disclosure of any information obtained at any time by officers and employees of Medicare Intermediaries or Carriers in the course of carrying out agreements under Sections 1816 and 1842 of the Social Security Act, and any other information subject to Section 1106 (a) of the Social Security Act.

Section 1106 (a) of the Act provides in pertinent part that “Any person who shall violate any provision of this section shall be deemed guilty of a misdemeanor and, upon conviction thereof, shall be punished by a fine not exceeding \$1,000, or by imprisonment not exceeding one year, or both.” Additional and more severe penalties are provided under Title XVIII (Medicare) USC Section 285 (unauthorized taking or using of papers relating to claims) and under Section 1877 of Title XVIII of the Act (relating to fraud, kickbacks, bribes, etc., under Medicare).

These provisions refer to any information obtained by an employee in the course of their performance of duties and/or investigations, (for example, beneficiary diagnosis, pattern of practice of physicians, etc.).

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Chapter 1: Introduction

This chapter contains an introduction to the *Electronic Correspondence Referral System (ECRS) Reference Manual*. Refer to the chart below or the Table of Contents to locate topics in this chapter.

If you want to see information about this...	See this page...
<i>ECRS Reference Manual</i>	1-2
Reference Manual Conventions	1-2
What is ECRS?	1-3
Basic Functions	1-4

About this Manual

This manual was written to help you understand the Electronic Correspondence Referral System (ECRS). The manual is divided into four parts to help you quickly and easily find the information you need.

Chapter 1, the *Introduction*, is the section you are reading now. It contains information about how to use the manual. It also includes basic information about ECRS. If you are unfamiliar with the system or are not an experienced computer user, read the entire *Introduction* before reading the rest of the manual.

Chapter 2 is a screen reference for ECRS. It contains an example of each screen in ECRS with a complete description of the fields. It also includes information about how to access the screens. The chapter also contains step-by-step instructions for performing tasks associated with each screen.

Chapter 3 contains a chart of ECRS CICS error messages. The chart also provides you with actions to take to resolve the errors.

The Glossary defines terms and acronyms associated with ECRS.

Reference Manual Conventions

This section explains how information appears in the manual. Understanding the conventions will help you to better understand the screen explanations and tasks.

Information that you enter on the computer screen appears in **bold typeface**. For example, you may read this instruction: Type **ECRS** and press [Enter]. **ECRS** is in bold typeface because you are supposed to type those letters.

System messages appear in CAPITAL LETTERS. For example, you may read this: The system displays the message, "FUNCTION KEY NOT ACTIVE."

Function and computer key names appear within [brackets]. For example, you may read this instruction: Press [Enter]. You may also read: Press [PF9].

Computer screen examples are representative of the screens that you see on your computer. The actual information may not be the same, unless otherwise noted in the manual.

Pointers throughout the manual can help you locate information. The manual includes a master Table of Contents in the front, and smaller Tables of Contents at the beginning of each chapter. In addition, each page has headers and footers that you can use to determine where you are in the manual.

What is ECRS?

Note: Please see the *Confidentiality and Disclosure of Information* statement on the inside of the title page regarding the appropriate handling of information contained in ECRS.

The Electronic Correspondence Referral System (ECRS) allows MSP representatives at the Medicare contractor sites to fill out various online forms and electronically transmit requests for changes to existing CWF MSP information, inquiries concerning possible MSP coverage, and document copy transactions to the COB contractor. The transactions are automatically stored on the COB contractor’s system. Each evening, a batch process reads the transactions and processes the requests. The status on each transaction is updated as it moves through the system.

Transactions are entered and viewed in ECRS by contractor number. An organization with more than one contractor number must determine how it wants to group its activity. If the organization wants to see all of the records together, it should use only one contractor number for all ECRS activities. If the organization wants to distinguish the transactions by contract, it should use its different contractor numbers.

ECRS uses action codes to determine what information should be changed at CWF. For example, if the action code is EI, only the information in the employer fields (employer name, street, city, ZIP code, EIN, and employee number) gets updated. If these fields are left blank, the system deletes the employer information from the appropriate record at CWF. The action codes and corresponding fields are listed in the chart below.

If you enter this action code in the ACTION(S) field...	The system updates information in this field at CWF:
DX	DIAG (diagnosis codes, enter up to five)
ED	EFF DT (effective date)
EI	EMPLR NAME, STREET, CITY, ST, ZIP, EIN, and EMPLOYEE NO (employer information)
II	INSURER NAME, STREET, CITY, ST, ZIP, GROUP NO, POLICY NO, INSURED NAME, INS REL (insurer information)
IT	INS TYPE (insurance type)
MT	MSP TYPE
PR	PAT REL (patient relationship)
TD	TERM DT (termination date)

The other action codes DO (delete occurrence), ES (employer size below minimum), MX (SSN/HICN mismatch), and VP (vow of poverty) are not associated with any specific fields.

If you enter information in a field (for example, TERM DT), but you do not enter the corresponding action code (TD in this example) in the ACTION(S) field, the system will not update that information at CWF.

Basic Functions

Getting Started

1. Log into a local Medicare CICS region.
2. Type ECRS and press [Enter]. The system displays the ECRS splash screen, as shown in the example below.

```

EEEEEE CCCCCC RRRRRRR SSSS
EE      CC      RR      R SS
EE      CC      RR      R SS
EEEEEE CC      RRRRRRR SSSS
EE      CC      RR      RR  SS
EE      CC      RR      RR  SS
EEEEEE CCCCCC RR      RR SSSS

**WARNING** THE SYSTEM YOU ARE ABOUT TO ENTER CONTAINS IRS TAX DATA.
ANY UNAUTHORIZED INSPECTION OR DISCLOSURE OF IRS RETURN INFORMATION
IN VIOLATION OF ANY PROVISION OF SECTION 6103, MAY BRING DAMAGES AS
DESCRIBED IN IRC SECTIONS 7431 AND 7213 WHICH INCLUDE BUT ARE NOT
LIMITED TO A FINE OF ANY AMOUNT NOT EXCEEDING $5,000 OR IMPRISONMENT.

PRESS <ENTER> TO CONTINUE
    
```

3. Press [Enter]. The system displays the COB Electronic Correspondence Referral System (ECRS) main menu screen, as shown in the example below.

```

                COB ELECTRONIC CORRESPONDENCE REFERRAL SYSTEM ( ECRS )                MM/DD/YY
CONTRACTOR NUMBER: _____ ACCESS CODE: _____
USER ID: _____ STATUS: ___ LAST UPDATED FROM: _____ THROUGH: _____
                HICN: _____ DCN: _____

SELECTION  ___

                01 CWF ASSISTANCE REQUEST DETAIL
                02 CWF ASSISTANCE REQUEST LIST
                03 DOCUMENT COPIES
                04 MSP INQUIRY DETAIL
                05 MSP INQUIRY LIST
                06 LEAD CONTRACTOR ASSIGNMENT
                07 DEVELOPING CONTRACTOR NOTIFICATION
                08 MSP CHANGED RECORD NOTIFICATION

F12=EXIT
    
```

4. From the COB ECRS main menu screen, type your contractor number (unique five-digit number assigned by HCFA) in the CONTRACTOR NUMBER field. Type your access code (five-character authorization assigned by the COB contractor) in the ACCESS CODE field. Press [Enter]. You now have the ability to access information in ECRS. You only need to enter your contractor number and access code upon initial entry into ECRS.

Logging Off

Press [PF12] or [Pause/Break] on any screen to exit ECRS. The system displays the following message: "ECRS TRANSACTION HAS BEEN TERMINATED."

Notes:

Chapter 2: ECRS Screens

Introduction

This chapter is a screen reference that gives you examples and explanations of the screens in ECRS. The reference includes field descriptions and explanations of how to access and exit the screens. If you are a new user, this reference can help you to determine what information is in each field or what you should enter in a field. It can also help you to navigate through the system if you are “lost.” If you are an experienced user, you can use the chapter as a quick reference for a screen that you use infrequently.

The screens in this chapter are representative of the actual screens that you see on your computer. The data will not be the same; the screen layout will be very similar, if not exactly the same. Use the chart below or the *Table of Contents* to locate the screens in the chapter.

If you want to see information about this...	See this page...
COB ECRS Main Menu Screen	2-2
ECRS CWF Assistance Request Detail Screen, Page 1 of 2	2-5
ECRS CWF Assistance Request Detail Screen, Page 2 of 2	2-10
ECRS CWF Assistance Request List Screen	2-13
ECRS Document Copies Request Screen	2-16
ECRS MSP Inquiry Detail Screen, Page 1 of 2	2-19
ECRS MSP Inquiry Detail Screen, Page 2 of 2	2-24
ECRS MSP Inquiry List Screen	2-28
ECRS MSP Lead Contractor Assignment Screen	2-31
ECRS MSP Developing Contractor Notification Screen	2-35
ECRS MSP Changed Record Notification Screen	2-37

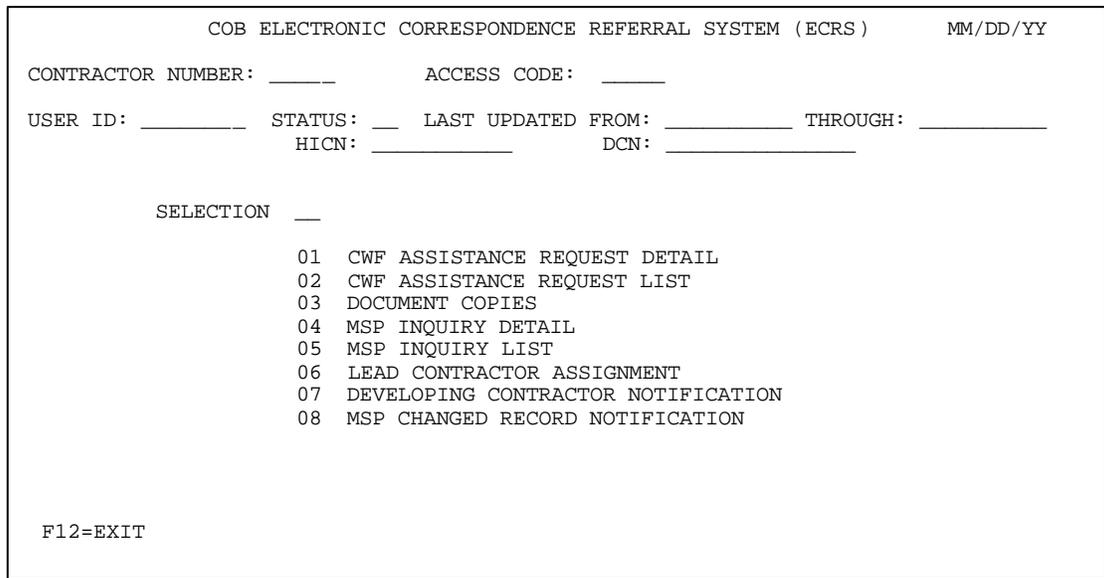
COB ECRS Main Menu Screen

Introduction

The COB ECRS main menu screen is the access point for all ECRS online functionality.

Access

1. Log into a local Medicare CICS region.
2. Type **ECRS** and press [Enter]. The system displays the COB Electronic Correspondence Referral System (ECRS) main menu screen, as shown in the example below.



Explanation of Screen

COB ECRS Main Menu Screen	
Field Name	Description
CONTRACTOR NUMBER	Five-digit number associated with Medicare contractor using screen. <i>Required field</i> upon initial access to ECRS screens.
ACCESS CODE	Five-character code value assigned by COB contractor to verify specific contractor number entered. <i>Required field</i> upon initial access to ECRS screens
USER ID	User ID of operator. Use this field with options 02 and 05 to find specific ECRS transactions. You can combine this field with STATUS and/or LAST UPDATED FROM and THROUGH dates to further refine a search.
STATUS	Status of record. Use this field with options 02 and 05 to find specific ECRS transactions. You can combine this field with USER ID and/or LAST UPDATED FROM and THROUGH dates to further refine a search.

COB ECRS Main Menu Screen	
Field Name	Description
LAST UPDATED FROM	Starting date of date range. Lists transactions last updated on or after this date. Use this field in conjunction with any other selection criteria fields to further refine a search. Defaults to 30 days prior to current date.
THROUGH	Ending date of a date range. Lists transactions last updated on or before this date. Use this field in conjunction with any other selection criteria fields to further refine a search. Defaults to current date.
HICN	Health Insurance Claim Number. Searches for specific ECRS transactions. Use in conjunction with Last Updated From date and/or Last Updated Through date to further refine a search.
DCN	Document Control Number assigned by Medicare contractor. Use this field with options 02 and 05 to find specific ECRS transactions. You can combine this field with LAST UPDATED FROM and THROUGH dates to further refine a search.
SELECTION	<p>Selection field. Options are:</p> <ul style="list-style-type: none"> 01 CWF Assistance Request Detail 02 CWF Assistance Request List 03 Document Copies 04 MSP Inquiry Detail 05 MSP Inquiry List 06 Lead Contractor Assignment 07 Developing Contractor Notification 08 MSP Changed Record Notification <p>Note: You can perform searches for options 02 and 05 using criteria in any of the following combinations:</p> <ul style="list-style-type: none"> • User ID • User ID, Status • User ID, Last Updated From • User ID, Last Updated Through • User ID, Last Updated From, Last Updated Through • User ID, Status, Last Updated From • User ID, Status, Last Updated Through • User ID, Status, Last Updated From, Last Updated Through • Status • Status, Last Updated From • Status, Last Updated Through • Status, Last Updated From, Last Updated Through • Last Updated From • Last Updated Through • Last Updated From, Last Updated Through • HICN • HICN, Last Updated From • HICN, Last Updated Through • HICN, Last Updated From, Last Updated Through • DCN • DCN, Last Updated From • DCN, Last Updated Through • DCN, Last Updated From, Last Updated Through

COB ECRS Main Menu Screen	
Field Name	Description
SELECTION (continued)	<p>You can perform searches for options 06, 07, and 08 using criteria in any of the following combinations:</p> <ul style="list-style-type: none"> • Last Updated From • Last Updated Through • Last Updated From, Last Updated Through • HICN • HICN, Last Updated From • HICN, Last Updated Through • HICN, Last Updated From, Last Updated Through

Process

1. Upon initial entry into ECRS, type your contractor number (unique five-digit number assigned by HCFA) in the CONTRACTOR NUMBER field. Type your access code (five-character authorization assigned by the COB contractor) in the ACCESS CODE field. Press [Enter]. You now have the ability to access information in ECRS.
2. From the COB ECRS main menu screen, type the option number for the screen you want to view in the SELECTION field. See the table below for option numbers and the corresponding screens.

Option Number	Screen
01	CWF Assistance Request Detail
02	CWF Assistance Request List
03	Document Copies
04	MSP Inquiry Detail
05	MSP Inquiry List
06	Lead Contractor Assignment
07	Developing Contractor Notification
08	MSP Changed Record Notification

Press [Enter]. The system displays the appropriate screen.

Transportation

COB ECRS Main Menu Screen	
PF Key	Function
12	Exit ECRS

ECRS CWF Assistance Request Detail Screen, Page 1 of 2

Introduction

The ECRS CWF Assistance Request Detail screen allows you to enter, view, and update an ECRS request transaction. You can only update request transactions if the request transaction is in NW (new) status, meaning the COB system has not yet started processing the information. Any user with the same contractor number can update a transaction in NW (new) status.

Access

From the COB ECRS main menu screen, type **01** in the SELECTION field and press [Enter]. The system displays the first page of the ECRS CWF Assistance Request Detail screen, as shown in the example below.

```

ECRS CWF ASSISTANCE REQUEST DETAIL                                PAGE 1 OF 2
CNTR NBR.  99999          PHONE:  ___-___-___          USER ID  XXXXXXXX
CNTR REP.:  _____          STATUS  XX  XXXXXXXXXXXXXXXX
ACTION(S):  ___-___-___          DCN:  _____          REASON  XX  XXXXXXXXXXXXXXXX
                                          SOURCE:  ___  XXXXXXXXXXXXXXXX

BENE HICN:  _____          SSN:  ___-___-___          DOB:  _____          SEX:  _
NAME:  _____          PAT REL:  _  XXXXXXXXXXXXXXXX
MSP TYPE:  _  XXXXXXXXXXXXXXXX          EFF DT:  _____          TERM DT:  _____
                                          AUX REC:  ___          ACCR DT:  _____

ORIG CNTR:  _____
BENE STRT:  _____
CITY:  _____          ST:  ___          ZIP:  _____-___          PHONE:  ___-___-___
SUBSCBR:  _____

INFMT NAME:  _____          PHONE:  ___-___-___
STREET:  _____
CITY:  _____          ST:  ___          ZIP:  _____-___          INFMT REL:  ___  XXXXXXXXXXXX

EMPLR NAME:  _____          EIN:  _____
STREET:  _____
CITY:  _____          ST:  ___          ZIP:  _____-___          EMPLOYEE NO:  _____

F2=MENU F3=RETURN F8=FWD F12=EXIT
    
```

Note: To access this screen from the ECRS CWF Assistance Request List screen, type **S** in the SEL field next to the transaction for which you want to view detailed information. Press [Enter]. The system displays the first page of the ECRS CWF Assistance Request Detail screen for the selected transaction.

Explanation of Screen

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
Field Name	Description
CNTR NBR.	Five-digit number identifying the Medicare contractor (<i>protected field</i>)
PHONE	Phone number of contractor representative (<i>required field</i>)
USER ID	User ID of operator who entered request transaction (<i>protected field</i>)

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
Field Name	Description
CNTR REP.	Name of contractor representative to contact for further information or clarification regarding request (<i>required field</i>)
STATUS	Two-character code explaining where request transaction is in the COB system process (<i>protected field</i>). Description of status code displays next to value. Valid values are: CM Completed DE Delete (do not process) ECRS request IP In process, being edited by COB NW New, not yet read by COB
ACTION(S)	Two-character code defining action to take on CWF Auxiliary record (<i>required field</i>). Valid values are: DO Mark occurrence for deletion DX Change diagnosis codes ED Change effective date EI Change employer information ES Employer size below minimum (20 for working aged, 100 for disability) II Change insurer information IT Change insurer type MT Change MSP type MX SSN/HICN mismatch PR Change patient relationship TD Change termination date VP Beneficiary has taken a vow of poverty Enter up to four codes unless request is to delete occurrence (DO) or note a vow of poverty (VP). You cannot combine these two action codes with any other action codes.
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction (<i>required field</i>)
REASON	Two-character code explaining why the request is in a particular status (<i>protected field</i>). Description of reason code displays next to value. Valid values are: 01 Not yet read by COB, used with NW status 02 Being processed by COB, used with IP status 03 Under development by COB, used with IP status 04 Update sent to CWF, used with IP status 05 Error received from CWF, being resolved by COB contractor, used with IP status 50 Posted to CWF, response received with no errors, used with CM status 51 No changes (additions, modifications, or deletions) made to CWF, used with CM status 52 Returned–rejected by CWF, used with CM status 53 Returned–duplicate ECRS request, used with CM status

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
Field Name	Description
SOURCE	Four-character code identifying source of request information (<i>required field</i>). Description of source code displays next to value. Valid values are: BX10 Information in Box 10 of claim CHEK Unsolicited check DVLP Information received in response to development initiated by Medicare contractor LTTR Letter PHON Phone call SCLM Claim submitted to Medicare contractor for secondary payment
BENE HICN	Health Insurance Claim Number of beneficiary (<i>required field</i>). Type HICN without dashes, spaces, or other special characters.
SSN	Social Security Number of beneficiary
DOB	Beneficiary's date of birth
SEX	Sex of beneficiary. Valid values are: M Male F Female U Unknown
NAME	Name of beneficiary in first name/middle initial/last name format. First and last names are <i>required fields</i> .
PAT REL	Patient relationship between policy holder and beneficiary (<i>required field</i>). Description of code displays next to value. Valid values are: 1 Beneficiary is policy holder 2 Spouse 3 Child 4 Other
MSP TYPE	One-character code identifying type of MSP coverage (<i>required field</i>). Description of code displays next to value. Valid values are: A Working Aged B ESRD C Conditional Payment D Automobile Insurance, No Fault E Workers' Compensation F Federal (Public) G Disabled H Black Lung I Veterans L Liability
EFF DT	Effective date of MSP coverage in MMDDCCYY format (<i>required field</i>)
TERM DT	Termination date of MSP coverage in MMDDCCYY format. Type one or more zeroes in this field to remove an existing termination date. Type 9 eight times in this field if you have conflicting dates for the termination date.
AUX REC	Record number of MSP auxiliary occurrence in CWF (<i>required field</i>)
ACCR DT	Accretion date of MSP coverage in MMDDCCYY format

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
Field Name	Description
ORIG CNTR	Contractor number of contractor that created original MSP occurrence at CWF (<i>required field</i>)
BENE STRT	First and second lines of beneficiary's street address
CITY	Beneficiary's city
ST	Beneficiary's state
ZIP	Beneficiary's ZIP code
PHONE	Beneficiary's telephone number
SUBSCBR	Name of person (in first name/middle initial/last name format) under whose coverage beneficiary is receiving Medicare benefits
INFMT NAME	Name of person (in first name/middle initial/last name format) informing contractor of change in MSP coverage. First and last names are <i>required fields</i> when SOURCE is LTTR.
PHONE	Informant's telephone number
STREET	First and second lines of informant's street address. First address line is a <i>required field</i> when SOURCE is LTTR.
CITY	Informant's city. <i>Required field</i> when SOURCE is LTTR.
ST	Informant's state. <i>Required field</i> when SOURCE is LTTR.
ZIP	Informant's ZIP code. <i>Required field</i> when SOURCE is LTTR.
INFMT REL	One-character code indicating relationship of informant to beneficiary. <i>Required field</i> when SOURCE is LTTR. Description of code displays next to value. Valid values are: A Attorney representing beneficiary B Beneficiary C Child E Employer F Father I Insurer M Mother N Non-relative O Other relative P Provider R Beneficiary representative (other than attorney) S Spouse U Unknown
EMPLR NAME	Name of employer providing group health insurance under which beneficiary is covered
EIN	Employer Identification Number
STREET	Employer's street address
CITY	Employer's city

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
Field Name	Description
ST	Employer's state
ZIP	Employer's ZIP code
EMPLOYEE NO	Employee number of policy holder

Process

1. Type data in all of the required fields on the ECRS CWF Assistance Request Detail, Page 1 of 2 screen. The required fields on this screen are:

- PHONE
- CNTR REP.
- ACTION(S)
- DCN
- SOURCE
- BENE HICN
- NAME
- PAT REL
- MSP TYPE
- EFF DT
- AUX REC
- ORIG CNTR

After you type data in one field, press [Tab] to move the cursor to the next field.

2. Type data in the fields required by the action code(s) typed in the ACTION(S) field. The chart below lists action codes and corresponding required fields not listed above.

Action Code	Required Fields
TD	TERM DT (termination date)
EI	EMPLR NAME, STREET, CITY, ST, ZIP, EIN, and EMPLOYEE NO (employer information) Note: Type data in <i>all</i> fields to update employer information at CWF. Leave <i>all</i> fields blank to delete employer information at CWF.

3. After typing data in all of the required fields, press [PF8]. The system displays the ECRS CWF Assistance Request Detail, Page 2 of 2 screen.

Transportation

ECRS CWF Assistance Request Detail Screen, Page 1 of 2	
PF Key	Function
02	Return to ECRS main menu
03	Return to previous level
08	Page forward to second page of screen
12	Exit ECRS

ECRS CWF Assistance Request Detail Screen, Page 2 of 2

Introduction

The ECRS CWF Assistance Request Detail screen allows you to enter, view, and update an ECRS request transaction. You can only update request transactions if the request transaction is in NW (new) status, meaning the COB system has not yet started processing the information. Any user with the same contractor number can update a transaction in NW (new) status.

Access

From the first page of the ECRS CWF Assistance Request Detail screen, press [PF8]. The system displays the second page of the ECRS CWF Assistance Request Detail screen, as shown in the example below.

```

ECRS CWF ASSISTANCE REQUEST DETAIL                PAGE 2 OF 2
CNTR NBR. 99999                BENE XXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX
HICN XXXXXXXXXXXXXXXX          DCN XXXXXXXXXXXXXXXX

INSURER NAME: _____          INS TYPE: _ XXXXXXXXXXXXXXXXXXXX
STREET: _____
CITY: _____ ST: ___ ZIP: _____
GROUP NO: _____          POLICY NO: _____
INSURED NAME: _____          INS REL: _ XXXXXXXXXXXXXXXXXXXX

REMARKS: _ _ _ _ _          DIAG: _ _ _ _ _

CLAIMS PENDING: _

COMMENTS: _____
          _____
          _____

F2=MENU F3=RETURN F5=UPDATE F7=BWD F12=EXIT
    
```

Explanation of Screen

ECRS CWF Assistance Request Detail Screen, Page 2 of 2	
Field Name	Description
CNTR NBR.	Five-digit number identifying the Medicare contractor (<i>protected field</i>)
BENE	Name of beneficiary in first name/middle initial/last name format (<i>protected field</i>)
HICN	Health Insurance Claim Number for beneficiary (<i>protected field</i>)
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with this transaction (<i>protected field</i>)
INSURER NAME	Name of insurance carrier for MSP coverage

ECRS CWF Assistance Request Detail Screen, Page 2 of 2	
Field Name	Description
INS TYPE	One-character code for type of insurance (<i>required field</i>). Valid values are: J Hospital Only K Medical Only A Other Types
STREET	First and second lines of insurer's street address
CITY	Insurer's city
ST	Insurer's state
ZIP	Insurer's ZIP code
GROUP NO	Group number of insurance coverage
POLICY NO	Policy number of insurance coverage
INSURED NAME	Name of individual covered by this insurance in first name/middle initial/last name format
INS REL	One-character code indicating relationship between person covered by insurance and beneficiary. Description of code displays next to value. Valid values are: B Beneficiary C Child E Employer F Father I Insurer M Mother N Non-relative O Other relative P Provider S Spouse U Unknown
REMARKS	Two-character CWF remark code explaining reason for transaction. Enter up to three remark codes.
DIAG	Five-digit diagnosis code that applies to this MSP occurrence. Enter up to five diagnosis codes.
CLAIMS PENDING	One-character field indicating whether claims were pending while waiting for this request to be posted to CWF. Valid values are: N No Y Yes
COMMENTS	Free-form text field allowing you to send any special notes to COB contractor

Process

1. Type data in the INS TYPE field, the only required field on the ECRS CWF Assistance Request Detail, Page 2 of 2 screen.
2. Type data in the fields required by the action code(s) typed in the ACTION(S) field on the ECRS CWF Assistance Request Detail, Page 1 of 2 screen. The chart below lists action codes and corresponding required fields not mentioned above.

Action Code	Required Fields
II	INSURER NAME, STREET, CITY, ST, ZIP, GROUP NO, POLICY NO, INSURED NAME, INS REL (insurer information) Note: Type data in <i>all</i> fields to update insurer information at CWF. Leave <i>all</i> fields blank to delete insurer information at CWF.
DX	DIAG (diagnosis codes, enter up to five)

3. After typing data in all of the required fields, press [PF5]. The system adds or updates the transaction, then displays the message, "TRANSACTION SUCCESSFULLY UPDATED."

Transportation

ECRS CWF Assistance Request Detail Screen, Page 2 of 2	
PF Key	Function
02	Return to ECRS main menu
03	Return to previous level
05	Add/update assistance request
07	Page backward to first page of screen
12	Exit ECRS

- Last Updated From
- Last Updated Through
- Last Updated From, Last Updated Through
- HICN
- HICN, Last Updated From
- HICN, Last Updated Through
- HICN, Last Updated From, Last Updated Through
- DCN
- DCN, Last Updated From
- DCN, Last Updated Through
- DCN, Last Updated From, Last Updated Through

Explanation of Screen

ECRS CWF Assistance Request List Screen	
Field Name	Description
USER ID	User ID entered as search criteria, if applicable. This field is updateable; enter a different User ID to perform additional searches.
STATUS	Status entered as search criteria, if applicable. This field is updateable; enter a different Status to perform additional searches. To view all open request transactions, type OP in the STATUS field and press [Enter].
LAST UPDATED FROM	Starting date of date range entered as search criteria, if applicable. This field is updateable; enter a different From date in MMDDCCYY format to perform additional searches.
THROUGH	Ending date of date range entered as search criteria, if applicable. This field is updateable; enter a different Through date in MMDDCCYY format to perform additional searches.
HICN	Health Insurance Claim Number entered as search criteria, if applicable. This field is updateable; enter a different HICN to perform additional searches.
DCN	Medicare contractor-assigned Document Control Number entered as search criteria, if applicable. This field is updateable; enter a different DCN to perform additional searches.
SEL	Selection field. Type S in this field and press [Enter] to transport to the ECRS CWF Assistance Request Detail screen. Type D in this field and press [PF5] to mark a new (status NW) request transaction for deletion.
HICN	Health Insurance Claim Number for request transaction (<i>protected field</i>)
NAME	First 15 characters of last name and first initial of beneficiary on request transaction (<i>protected field</i>)
DCN	Document Control Number assigned to request transaction by Medicare contractor (<i>protected field</i>)

ECRS CWF Assistance Request List Screen	
Field Name	Description
ST	Status of request transaction (<i>protected field</i>)
RS	Reason of request transaction (<i>protected field</i>)
LAST UPDATE	Date request transaction was last changed in MMDDCCYY format (<i>protected field</i>)
USER ID	User ID of operator who entered request transaction (<i>protected field</i>)

Process

If you want to...	Follow these instructions:
View detailed information	Type S in the SEL field next to the transaction for which you want to view detailed information. Press [Enter]. The system displays the first page of the ECRS CWF Assistance Request Detail screen for the selected transaction.
Delete a new (status NW) request	Type D in the SEL field next to the new (status NW) request transaction you want to delete. Press [PF5]. The system marks the request transaction for deletion.

Transportation

ECRS CWF Assistance Request List Screen	
PF Key	Function
02	Return to ECRS main menu, current search criteria is not retained
03	Return to ECRS main menu, current search criteria is retained
05	Mark request transactions that have D in the SEL field for deletion
07	Scroll backward
08	Scroll forward
12	Exit ECRS

ECRS Document Copies Request Screen

Introduction

The ECRS Document Copies Request screen allows you submit requests to the COB contractor for copies of documents related to a specific Data Match or IEQ occurrence.

Access

From the COB ECRS main menu screen, type **03** in the SELECTION field and press [Enter]. The

```

ECRS DOCUMENT COPIES REQUEST
CNTR NO.  99999          PHONE:  ___-___-___   DCN:  _____
CNTR REP.: _____   USER ID  XXXXXXXX

SEND TO:  _____
          _____
          _____
          _____

DOCUMENT REQUESTED:  ___ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

BENE HICN: _____   SSN:  ___ - ___ - ___   SOURCE:  _____
NAME:  _____
STREET:  _____
CITY:  _____   ST:  ___   ZIP:  _____

MSP TYPE:  _ XXXXXXXXXXXXXXXXXX   EFF DT:  _____   TERM DT:  _____

EMPLR NAME:  _____   EIN:  _____

F2=MENU F3=RETURN F5=UPDATE F12=EXIT
    
```

system displays the ECRS Document Copies Request screen, as shown in the example below.

Explanation of Screen

ECRS Document Copies Request Screen	
Field Name	Description
CNTR NO.	Five-digit number identifying the Medicare contractor (<i>protected field</i>)
PHONE	Phone number of contractor representative (<i>required field</i>)
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with this request (<i>required field</i>)
CNTR REP.	Name of contractor representative to contact for further information and/or clarification regarding this request (<i>required field</i>)
USER ID	User ID of operator who entered document copy request (<i>protected field</i>)
SEND TO	Name and address of recipient or other instructions regarding where document copies should be sent (<i>required field</i>)

ECRS Document Copies Request Screen	
Field Name	Description
DOCUMENT REQUESTED	Four-character code indicating documents requested (<i>required field</i>). Description of code displays next to value. Valid values are: DEVL Copy of all development (letters and questionnaires) related to coverage indicated DMQ Copy of Data Match questionnaire IEQ Copy of IEQ questionnaire RLSE Copy of attorney release form TRMA Copy of all documents related to trauma case indicated
BENE HICN	Health Insurance Claim Number for beneficiary (<i>required field</i>). Type HICN without dashes, spaces, or other special characters.
SSN	Social Security Number for beneficiary
SOURCE	Source for related MSP occurrence. <i>Required field</i> if document requested is DMQ (Data Match questionnaire).
NAME	Name of beneficiary in first name/middle initial/last name format (<i>required field</i>)
STREET	First and second lines of beneficiary's street address
CITY	Beneficiary's city
ST	Beneficiary's state
ZIP	Beneficiary's ZIP code
MSP TYPE	One-character code identifying type of MSP coverage (<i>required field</i>). Description of code displays next to value. Valid values are: A Working Aged B ESRD C Conditional Payment D Automobile Insurance, No Fault E Workers' Compensation F Federal (Public) G Disabled H Black Lung I Veterans L Liability
EFF DT	Effective date of MSP coverage in MMDDCCYY format (<i>required field</i>)
TERM DT	Termination date of MSP coverage in MMDDCCYY format
EMPLR NAME	Name of employer providing group health insurance under which beneficiary is covered
EIN	Employer Identification Number. <i>Required field</i> if document requested is DMQ (Data Match questionnaire).

Process

1. Type data in all of the required fields on the ECRS Document Copies Request screen. To determine required fields on this screen, see the field descriptions on pages 2-16 to 2-17. After you type data in one field, press [Tab] to move the cursor to the next field.
2. After typing data in all of the required fields, press [PF5]. The system sends the document copy request, then displays the message, "REQUEST HAS BEEN SENT."

Transportation

<i>ECRS Document Copies Request Screen</i>	
PF Key	Function
02	Return to ECRS main menu
03	Return to previous level
05	Send document copy request
12	Exit ECRS

ECRS MSP Inquiry Detail Screen, Page 1 of 2

Introduction

The ECRS MSP Inquiry Detail screen allows you to enter, view, and update an ECRS inquiry transaction. You can only update inquiry transactions if the inquiry transaction is in NW (new) status, meaning the COB system has not yet started processing the information.

Access

From the COB ECRS main menu screen, type **04** in the SELECTION field and press [Enter]. The system displays the first page of the ECRS MSP Inquiry Detail screen, as shown in the example

ECRS MSP INQUIRY DETAIL		PAGE 1 OF 2
CNTR NBR. 99999	PHONE: ___ - ___ - ___	USER ID XXXXXXXX
CNTR REP.: _____	DCN: _____	STATUS XX XXXXXXXXXXXXXXXX
		REASON XX XXXXXXXXXXXXXXXX
BENE HICN: _____	SSN: ___ - ___ - ___	SOURCE: _____ XXXXXXXXXXXXXXXX
NAME: _____		DOB: _____ SEX: _
MSP TYPE: _ XXXXXXXXXXXXXXXX	EFF DT: _____	PAT REL: _ XXXXXXXXXXXXXXXX
		TERM DT: _____
BENE STRT: _____		
CITY: _____	ST: ___ ZIP: _____ - _____	PHONE: ___ - ___ - _____
SUBSCR: _____		
INFMT NAME: _____		PHONE: ___ - ___ - _____
ADDR: _____		
CITY: _____	ST: ___ ZIP: _____ - _____	INFMT REL: _ XXXXXXXXXXXXXXXX
EMPLR NAME: _____		EIN: _____
STREET: _____		
CITY: _____	ST: ___ ZIP: _____ - _____	EMPLOYEE NO: _____
F2=MENU F3=RETURN F8=FWD F12=EXIT		

below.

Explanation of Screen

ECRS MSP Inquiry Detail Screen, Page 1 of 2	
Field Name	Description
CNTR NBR.	Five-digit number identifying the Medicare contractor (<i>protected field</i>)
PHONE	Phone number of contractor representative (<i>required field</i>)
USER ID	User ID of operator who entered inquiry transaction (<i>protected field</i>)
CNTR REP.	Name of contractor representative to contact for further information or clarification regarding inquiry (<i>required field</i>)

ECRS MSP Inquiry Detail Screen, Page 1 of 2	
Field Name	Description
STATUS	Two-character code explaining where inquiry transaction is in the COB system process (<i>protected field</i>). Description of status code displays next to value. Valid values are: CM Completed DE Delete (do not process) ECRS inquiry transaction IP In process, being edited by COB NW New, not yet read by COB
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction (<i>required field</i>)
REASON	Two-character code explaining why the inquiry is in a particular status (<i>protected field</i>). Description of reason code displays next to value. Valid values are: 01 Not yet read by COB, used with NW status 02 Being processed by COB, used with IP status 03 Under development by COB, used with IP status 04 Update sent to CWF, used with IP status 05 Error received from CWF, being resolved by COB contractor, used with IP status 50 Posted to CWF, response received with no errors, used with CM status 51 No changes (additions, modifications, or deletions) made to CWF, used with CM status 52 Returned–rejected by CWF, used with CM status 53 Returned–duplicate ECRS request, used with CM status
SOURCE	Four-character code identifying source of inquiry information (<i>required field</i>). Description of source code displays next to value. Valid values are: BX10 Information in Box 10 of claim CHEK Unsolicited check DVLP Information received in response to development initiated by Medicare contractor LTTR Letter PHON Phone call SCLM Claim submitted to Medicare contractor for secondary payment
BENE HICN	Health Insurance Claim Number of beneficiary. Type HICN without dashes, spaces, or other special characters.
SSN	Social Security Number of beneficiary
DOB	Beneficiary’s date of birth
SEX	Sex of beneficiary. Valid values are: M Male F Female U Unknown
NAME	Name of beneficiary in first name/middle initial/last name format. First and last names are <i>required fields</i> .

ECRS MSP Inquiry Detail Screen, Page 1 of 2	
Field Name	Description
PAT REL	Patient relationship between policy holder and beneficiary. Description of code displays next to value. Valid values are: 1 Beneficiary is policy holder 2 Spouse 3 Child 4 Other
MSP TYPE	One-character code identifying type of MSP coverage. Description of code displays next to value. Valid values are: A Working Aged B ESRD C Conditional Payment D Automobile Insurance, No Fault E Workers' Compensation F Federal (Public Health) G Disabled H Black Lung I Veterans L Liability
EFF DT	Effective date of MSP coverage in MMDDCCYY format
TERM DT	Termination date of MSP coverage in MMDDCCYY format
BENE STRT	First and second lines of beneficiary's street address
CITY	Beneficiary's city
ST	Beneficiary's state
ZIP	Beneficiary's ZIP code
PHONE	Beneficiary's telephone number
SUBSCBR	Name of person (in first name/middle initial/last name format) under whose coverage beneficiary is receiving Medicare benefits
INFMT NAME	Name of person (in first name/middle initial/last name format) informing contractor of change in MSP coverage
PHONE	Informant's telephone number
STREET	First and second lines of informant's street address
CITY	Informant's city
ST	Informant's state
ZIP	Informant's ZIP code

ECRS MSP Inquiry Detail Screen, Page 1 of 2	
Field Name	Description
INFMT REL	One-character code indicating relationship of informant to beneficiary. Description of code displays next to value. Valid values are: A Attorney representing beneficiary B Beneficiary C Child E Employer F Father I Insurer M Mother N Non-relative O Other relative P Provider R Beneficiary representative (other than attorney) S Spouse U Unknown
EMPLR NAME	Name of employer providing group health insurance under which beneficiary is covered
EIN	Employer Identification Number
STREET	Employer's street address
CITY	Employer's city
ST	Employer's state
ZIP	Employer's ZIP code
EMPLOYEE NO	Employee number of policy holder

Process

1. Type data in all of the required fields on the ECRS MSP Inquiry Detail, Page 1 of 2 screen. The required fields on this screen are:
 - PHONE
 - CNTR REP.
 - DCN
 - SOURCE
 - NAME

After you type data in one field, press [Tab] to move the cursor to the next field.

- Type data in the fields required by the code typed in the SOURCE field. The chart below lists codes and corresponding required fields not listed previously.

SOURCE Code	Required Fields
BX10	BENE HICN, BENE STRT, CITY, ST, ZIP
CHEK	BENE HICN or SSN, BENE STRT, CITY, ST, ZIP
DVLP	BENE HICN, BENE STRT, CITY, ST, ZIP MSP TYPE EFF DT PAT REL
LTTR	BENE HICN or SSN, BENE STRT, CITY, ST, ZIP INFMT NAME, ADDR, CITY, ST, ZIP INFMT REL
PHON	BENE HICN or SSN, BENE STRT, CITY, ST, ZIP MSP TYPE INFMT NAME, ADDR, CITY, ST, ZIP INFMT REL
SCLM	BENE HICN, BENE STRT, CITY, ST, ZIP

- After typing data in all of the required fields, press [PF8]. The system displays the ECRS MSP Inquiry Detail, Page 2 of 2 screen.

Transportation

<i>ECRS MSP Inquiry Detail Screen, Page 1 of 2</i>	
PF Key	Function
02	Return to ECRS main menu
03	Return to previous level
08	Page forward to second page of screen
12	Exit ECRS

ECRS MSP Inquiry Detail Screen, Page 2 of 2

Introduction

The ECRS MSP Inquiry Detail screen allows you to enter, view, and update an ECRS inquiry transaction. You can only update inquiry transactions if the inquiry transaction is in NW (new) status, meaning the COB system has not yet started processing the information.

Access

From the first page of the ECRS MSP Inquiry Detail screen, press [PF8]. The system displays the second page of the ECRS MSP Inquiry Detail screen, as shown in the example below.

```

ECRS MSP INQUIRY DETAIL                                PAGE 2 OF 2
CNTR NBR. 99999          BENE XXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX
HICN XXXXXXXXXXXXXXXX   DCN XXXXXXXXXXXXXXXX

INSURER NAME: _____ INS TYPE: _ XXXXXXXXXXXXXXXXXXXX
STREET: _____
CITY: _____ ST: ___ ZIP: _____
GROUP NO: _____ POLICY NO: _____
INSURED NAME: _____ INS REL: _ XXXXXXXXXXXXXXXXXXXX

ILLNESS/INJURY DT: _____ DIAG: _____
DESC: _____
BENE REP NAME: _____ STRT: _____
CITY: _____ ST: ___ ZIP: _____
REP TYPE: _ XXXXXXXXXXXXXXXX RELEASE ON FILE: _ INTENTION TO FILE: _

DIALYSIS TRAIN DT: _____ BLACK LUNG BENEFITS: _ EFF DT: _____
CLAIMS PENDING: _

COMMENTS: _____
_____
_____

F2=MENU F3=RETURN F5=UPDATE F7=BWD F12=EXIT
    
```

Explanation of Screen

ECRS MSP Inquiry Detail Screen, Page 2 of 2	
Field Name	Description
CNTR NBR.	Five-digit number identifying the Medicare contractor (<i>protected field</i>)
BENE	Name of beneficiary in first name/middle initial/last name format (<i>protected field</i>)
HICN	Health Insurance Claim Number for beneficiary (<i>protected field</i>)
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with this transaction (<i>protected field</i>)
INSURER NAME	Name of insurance carrier for MSP coverage

ECRS MSP Inquiry Detail Screen, Page 2 of 2	
Field Name	Description
INS TYPE	One-character code for type of insurance (<i>required field</i>). Valid values are: J Hospital Only K Medical Only A Other Types
STREET	First and second lines of insurer's street address
CITY	Insurer's city
ST	Insurer's state
ZIP	Insurer's ZIP code
GROUP NO	Group number of insurance coverage
POLICY NO	Policy number of insurance coverage
INSURED NAME	Name of individual covered by this insurance in first name/middle initial/last name format
INS REL	One-character code indicating relationship between person covered by insurance and beneficiary. Description of code displays next to value. Valid values are: B Beneficiary C Child E Employer F Father I Insurer M Mother N Non-relative O Other relative P Provider S Spouse U Unknown
DIAG	Five-digit diagnosis code that applies to this MSP occurrence. Enter up to five diagnosis codes.
ILLNESS/INJURY DT	Date illness or injury occurred for workers' compensation, automobile, or liability coverage (in MMDDCCYY format)
DESC	Brief description of accident or illness for workers' compensation, automobile, or liability coverage
BENE REP NAME	Name of individual representing beneficiary in a workers' compensation, automobile, or liability insurance case in first name/middle initial/last name format
STRT	Beneficiary representative's street
CITY	Beneficiary representative's city
ST	Beneficiary representative's state
ZIP	Beneficiary representative's ZIP code

ECRS MSP Inquiry Detail Screen, Page 2 of 2	
Field Name	Description
REP TYPE	One-character code indicating type of relationship between beneficiary and his/her representative. Description of code displays next to value. Valid values are: A Attorney R Representative (individual not acting as attorney)
RELEASE ON FILE	One-character code indicating whether Medicare contractor has release form from beneficiary on file. Valid values are: N No Y Yes
INTENTION TO FILE	One-character code indicating whether beneficiary intends to file a lawsuit regarding the accident or illness that occurred. Valid values are: N No Y Yes
DIALYSIS TRAIN DT	Date beneficiary received self-dialysis training (in MMDDCCYY format)
BLACK LUNG BENEFITS	One-character code indicating whether beneficiary receives benefits under the Black Lung Program. Valid values are: N No Y Yes
EFF DT	Date beneficiary began receiving benefits under the Black Lung Program in MMDDCCYY format. This field is only valid when BLACK LUNG BENEFITS field value is Y .
CLAIMS PENDING	One-character field indicating whether claims were pending while waiting for this inquiry to be posted to CWF. Valid values are: N No Y Yes
COMMENTS	Free-form text field allowing you to send any special notes to COB contractor

Process

1. Type data in the fields required by the code typed in the SOURCE field on the ECRS MSP Inquiry Detail, Page 1 of 2 screen. The chart below lists codes and corresponding required fields.

SOURCE Code	Required Fields
DVLP	INS TYPE INSURER NAME, STREET, CITY, ST, ZIP, GROUP NO, POLICY NO INSURED NAME, INS REL
SCLM	INSURER NAME, STREET, CITY, ST, ZIP, GROUP NO, POLICY NO

In addition, if the value in the MSP TYPE field on the first page is D, E, or L (Auto No-Fault, Workers' Comp, or Liability), data is required in either the DIAG or DESC fields.

2. After typing data in all of the required fields, press [PF5]. The system adds or updates the inquiry transaction, then displays the message, "TRANSACTION SUCCESSFULLY UPDATED."

Transportation

<i>ECRS MSP Inquiry Detail Screen, Page 2 of 2</i>	
PF Key	Function
02	Return to ECRS main menu
03	Return to previous level
05	Add/update inquiry transaction
07	Page backward to first page of screen
12	Exit ECRS

ECRS MSP Inquiry List Screen

Introduction

Medicare contractors use the ECRS MSP Inquiry List screen to check the progress of an inquiry transaction through the COB system. If the system finds any records in the COB database for the contractor that match the search criteria entered, the ECRS MSP Inquiry List screen displays the transaction information for those records sorted by HICN, Status, Last Update, User ID, and DCN. Medicare contractors can also use this screen to delete new inquiries (in status NW) before the inquiries are processed by COB.

Access

From the COB ECRS main menu screen, type **05** in the SELECTION field, and type the search criteria in the appropriate fields. Press [Enter]. The system displays the ECRS MSP Inquiry List screen, as shown in the example below.

ECRS MSP INQUIRY LIST							
USER ID: _____		HICN: _____		DCN: _____			
DATE LAST UPDATED FROM: _____		THROUGH: _____					
SEL	HICN	NAME	DCN	ST	RS	LST UPDATE	USER ID
-	XXXXXXXXXXXX	XXXXXXXXXXXX	X	XX	XX	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXXXXXXXXX	X	XX	XX	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXXXXXXXXX	X	XX	XX	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXXXXXXXXX	X	XX	XX	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXXXXXXXXX	X	XX	XX	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXXXXXXXXX	X	XX	XX	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXXXXXXXXX	X	XX	XX	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXXXXXXXXX	X	XX	XX	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXXXXXXXXX	X	XX	XX	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXXXXXXXXX	X	XX	XX	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXXXXXXXXX	X	XX	XX	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXXXXXXXXX	X	XX	XX	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXXXXXXXXX	X	XX	XX	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXXXXXXXXX	X	XX	XX	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXXXXXXXXX	X	XX	XX	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXXXXXXXXX	X	XX	XX	99-99-9999	XXXXXXXXXX
-	XXXXXXXXXXXX	XXXXXXXXXXXX	X	XX	XX	99-99-9999	XXXXXXXXXX

ENTER S IN SEL FIELD TO VIEW DETAILED INFO FOR THE TRANSACTION OR D TO DELETE

F2=MENU F3=RETURN F5=UPDATE F7=BWD F8=FWD F12=EXIT

Note: From this screen, you can change or delete the search criteria to initiate a new search. You can perform searches using criteria in any of the following combinations:

- User ID
- User ID, Status
- User ID, Last Updated From
- User ID, Last Updated Through
- User ID, Last Updated From, Last Updated Through
- User ID, Status, Last Updated From
- User ID, Status, Last Updated Through
- User ID, Status, Last Updated From, Last Updated Through
- Status
- Status, Last Updated From
- Status, Last Updated Through
- Status, Last Updated From, Last Updated Through

- Last Updated From
- Last Updated Through
- Last Updated From, Last Updated Through
- HICN
- HICN, Last Updated From
- HICN, Last Updated Through
- HICN, Last Updated From, Last Updated Through
- DCN
- DCN, Last Updated From
- DCN, Last Updated Through
- DCN, Last Updated From, Last Updated Through

Explanation of Screen

ECRS MSP Inquiry List Screen	
Field Name	Description
USER ID	User ID entered as search criteria, if applicable. This field is updateable; enter a different User ID to perform additional searches.
STATUS	Status entered as search criteria, if applicable. This field is updateable; enter a different Status to perform additional searches. To view all open inquiry transactions, type OP in the STATUS field and press [Enter].
LAST UPDATED FROM	Starting date of date range entered as search criteria, if applicable. This field is updateable; enter a different From date in MMDDCCYY format to perform additional searches.
THROUGH	Ending date of date range entered as search criteria, if applicable. This field is updateable; enter a different Through date in MMDDCCYY format to perform additional searches.
HICN	Health Insurance Claim Number entered as search criteria, if applicable. This field is updateable; enter a different HICN to perform additional searches.
DCN	Medicare contractor-assigned Document Control Number entered as search criteria, if applicable. This field is updateable; enter a different DCN to perform additional searches.
SEL	Selection field. Type S in this field and press [Enter] to transport to the ECRS MSP Inquiry Detail screen. Type D in this field and press [PF5] to mark a new (status NW) inquiry transaction for deletion.
HICN	Health Insurance Claim Number for inquiry transaction (<i>protected field</i>)
NAME	First 15 characters of last name and first initial of beneficiary on inquiry transaction (<i>protected field</i>)
DCN	Document Control Number assigned to inquiry transaction by Medicare contractor (<i>protected field</i>)
ST	Status of inquiry transaction (<i>protected field</i>)

ECRS MSP Inquiry List Screen	
Field Name	Description
RS	Reason of inquiry transaction (<i>protected field</i>)
LAST UPDATE	Date inquiry transaction was last changed in MMDDCCYY format (<i>protected field</i>)
USER ID	User ID of operator who entered inquiry transaction (<i>protected field</i>)

Process

If you want to...	Follow these instructions:
View detailed information	Type S in the SEL field next to the transaction for which you want to view detailed information. Press [Enter]. The system displays the first page of the ECRS MSP Inquiry Detail screen for the selected transaction.
Delete a new (status NW) inquiry	Type D in the SEL field next to the new (status NW) inquiry transaction you want to delete. Press [PF5]. The system marks the inquiry transaction for deletion.

Transportation

ECRS MSP Inquiry List Screen	
PF Key	Function
02	Return to ECRS main menu, current search criteria is not retained
03	Return to ECRS main menu, current search criteria is retained
05	Mark inquiry transactions that have D in the SEL field for deletion
07	Scroll backward
08	Scroll forward
12	Exit ECRS

ECRS MSP Lead Contractor Assignment Screen	
Field Name	Description
THROUGH	Ending date of date range entered as search criteria, if applicable. This field is updateable; enter a different Through date in MMDDCCYY format to perform additional searches.
HICN	Health Insurance Claim Number for inquiry transaction (<i>protected field</i>)
BENEFICIARY	First 15 characters of last name and first initial of beneficiary for case assigned to contractor (<i>protected field</i>)
TYPE	MSP type for case assigned to contractor (<i>protected field</i>)
EFF DATE	Effective date of MSP coverage case assigned to contractor (<i>protected field</i>)
LAST UPDATE	Date assignment transaction was last changed in MMDDCCYY format (<i>protected field</i>)

Process

Press [PF7] or [PF8] to scroll through the list of HICNs assigned to the lead contractor.

Transportation

ECRS MSP Lead Contractor Assignment Screen	
PF Key	Function
02	Return to ECRS main menu, current search criteria is not retained
03	Return to ECRS main menu, current search criteria is retained
07	Scroll backward
08	Scroll forward
12	Exit ECRS

ECRS Developing Contractors for Lead Screen	
Field Name	Description
LAST UPDATE	Date assignment transaction was last changed in MMDDCCYY format <i>(protected field)</i>
<i>(DEVELOPING CONTRACTORS)</i>	
NUMBER	Contractor number of other Medicare contractors that may be interested or involved in the case assigned <i>(protected field)</i>
NAME	Name of other Medicare contractors that may be interested or involved in the case assigned <i>(protected field)</i>
PHONE	Phone number for other Medicare contractors that may be interested or involved in the case assigned <i>(protected field)</i>

Process

Press [PF7] or [PF8] to scroll through the list of developing contractors for a specific case.

Transportation

ECRS Developing Contractors for Lead Screen	
PF Key	Function
02	Return to ECRS main menu, current search criteria is not retained
03	Return to ECRS MSP Lead Contractor Assignment screen
07	Scroll backward
08	Scroll forward
12	Exit ECRS

ECRS MSP Developing Contractor Notification Screen	
Field Name	Description
HICN	Health Insurance Claim Number for case (<i>protected field</i>)
BENEFICIARY	First 15 characters of last name and first initial of beneficiary for case (<i>protected field</i>)
TYPE	MSP type for case (<i>protected field</i>)
EFF DATE	Effective date of MSP coverage case (<i>protected field</i>)
LAST UPDATE	Date notification record was last changed in MMDDCCYY format (<i>protected field</i>)
LEAD	Contractor number of Medicare contractor assigned as lead for case (<i>protected field</i>)

Process

Routinely check this screen to view new notifications.

Transportation

ECRS MSP Developing Contractor Notification Screen	
PF Key	Function
02	Return to ECRS main menu, current search criteria is not retained
03	Return to ECRS main menu, current search criteria is retained
07	Scroll backward
08	Scroll forward
12	Exit ECRS

ECRS MSP Changed Record Notification Screen	
Field Name	Description
BENEFICIARY	First 15 characters of last name and first initial of beneficiary for case <i>(protected field)</i>
TYPE	MSP type for case <i>(protected field)</i>
EFF DATE	Effective date of MSP coverage case <i>(protected field)</i>
LAST UPDATE	Date notification record was last changed in MMDDCCYY format <i>(protected field)</i>
ACTION	Action performed by COB Contractor on this occurrence <i>(protected field)</i> . Valid values are: ADDED New occurrence added to CWF DELETED Occurrence deleted from CWF UPDATED Occurrence updated on CWF

Process

Routinely check this screen to view new notifications.

Transportation

ECRS MSP Changed Record Notification Screen	
PF Key	Function
02	Return to ECRS main menu, current search criteria is not retained
03	Return to ECRS main menu, current search criteria is retained
07	Scroll backward
08	Scroll forward
12	Exit ECRS

Chapter 3: ECRS CICS Messages

This chapter contains a chart of ECRS CICS error messages. The chart also provides you with actions to take to resolve the errors.

ECRS CICS Error Message Chart

Message	Action
ACTION DO CANNOT BE COMBINED WITH OTHER ACTIONS	Correct action codes.
ACTION VP CANNOT BE COMBINED WITH OTHER ACTIONS	Correct action codes.
ALL EMPLOYER INFORMATION REQUIRED FOR EI (Employer Information) ACTION	Enter employer name and full address (street, city, state, and ZIP code).
AT LEAST 1 ACTION CODE MUST BE ENTERED	Enter one or more action codes.
CANNOT SPECIFY S AND D SIMULTANEOUSLY	Correct the SEL field to either Select a transaction or Delete a transaction.
CANNOT USE MULTIPLE SEARCH SELECTIONS	Correct search criteria.
CLAIMS PENDING MUST BE Y OR N	Enter Y (yes) or N (no) for claims pending.
CONTRACTOR NUMBER ENTERED NOT FOUND	Enter valid contractor number.
CONTRACTOR NUMBER REQUIRED	Enter valid contractor number.
DESCRIPTION OF INJURY OR DIAGNOSIS CODE REQUIRED	Enter description of injury or valid diagnosis code.
DIAGNOSIS REQUIRED FOR DX (Change Diagnosis Code) ACTION	Enter valid diagnosis code.
DOB MUST BE LESS THAN CURRENT DATE	Enter valid date of birth.
ECRS TRANSACTION HAS BEEN TERMINATED	N/A
EFF DATE CANNOT BE GREATER THAN CURRENT DATE	Enter valid effective date.
EFF DATE CANNOT BE GREATER THAN TERM DATE	Enter valid effective date.
FIRST PAGE DISPLAYED	N/A
FOR DATA MATCH EIN IS REQUIRED	Enter employer's EIN.
FOR DATA MATCH EMPLOYEE NUMBER IS REQUIRED	Enter employee number.
FROM DATE CANNOT BE GREATER THAN THROUGH DATE	Correct either From date or Through date.
FUNCTION KEY NOT ACTIVE	N/A

Message	Action
HICN MUST BE AT LEAST 9 CHARACTERS	Enter valid HICN.
HIGHLIGHTED FIELDS ARE REQUIRED FOR SOURCE OF XXXX (Source Type)	Enter valid values in highlighted fields or change source type.
INSURER INFO REQUIRED FOR II (Insurer Information) ACTION	Enter full address for insurer (street, city, state, and ZIP code).
INSURER NAME REQUIRED FOR II (Insurer Information) ACTION	Enter insurer name.
INVALID ACCESS CODE FOR SPECIFIED CONTRACTOR	Enter valid access code.
INVALID COMBINATION OF SEARCH CRITERIA	Change search criteria or selection.
INVALID DATE – PLEASE ENTER MMDDCCYY FORMAT	Enter valid date in MMDDCCYY format.
INVALID DATE ENTERED	Enter valid date in MMDDCCYY format.
INVALID DATE FORMAT – PLEASE RE-ENTER MMDDCCYY	Enter valid date in MMDDCCYY format.
INVALID KEY WAS ENTERED	N/A
INVALID SELECTION ENTERED	Enter valid selection.
INVALID XXXXXXXX (Field Name)	Enter valid value for field specified.
LAST PAGE DISPLAYED	N/A
MORE THAN ONE REQUEST FOR DETAIL INFORMATION WAS FOUND	Type S and press [Enter] for only one record at a time.
NO PROCESSING REQUESTED	N/A
NO RECORDS FOUND MEETING SEARCH CRITERIA	Modify search criteria and initiate new search.
PLEASE CORRECT HIGHLIGHTED FIELDS	Correct entries in highlighted fields.
PLEASE CORRECT STATUS FIELD	Enter valid status code.
PLEASE SPECIFY AT LEAST ONE SEARCH CRITERIA	Enter at least one search value.
PRESS ENTER TO SELECT	Type S and press [Enter] to request detailed information for a transaction.
PRESS PF5 TO SEND REQUEST	Press [PF5] to transmit document copy request.
PRESS PF5 TO UPDATE TRANSACTION	Press [PF5] to update transaction.
PRESS PF8 TO CONTINUE	Press [PF8].
RECORD CANNOT BE DELETED	Correct value in SEL field for highlighted transactions; you can only delete records in new (NW) status.
REQUEST HAS BEEN SENT	N/A
SSN REQUIRED FOR MX (SSN/HICN Mismatch) ACTION	Enter valid SSN.
TERM DATE REQUIRED FOR TD ACTION	Enter termination date.

Message	Action
TRANSACTION COMPLETELY SUCCESSFULLY	N/A
USE S TO REQUEST DETAILED INFORMATION	Type S and press [Enter] to request detailed information for a transaction.
XXXXXXXX (Field Name) IS INVALID	Enter valid value for field specified.
XXXXXXXX (Field Name) IS REQUIRED	Enter value for field specified.
XXXXXXXX (Field Name) MUST BE NUMERIC	Change value in field specified to numbers only.
XXXXXXXX (Field Name) NOT NUMERIC	Change value in field specified to numbers only.
XXXXXXXX (Field Name) REQUIRED FOR DOCUMENT REQUEST OF XXXX (Request Type)	Enter valid value for field specified or change request type.
XXXXXXXX (Field Name) SEARCH CRITERIA INVALID FOR SELECTION	Change search criteria or selection.
XXXXXXXX (Field Name) REQUIRED FOR SOURCE OF XXXX (Source Type)	Enter valid value in field specified or change source type.

Notes:

Glossary

Action Codes	Used to determine what information should be changed at CWF. For example, if the action code is MT, the system updates information in the MSP TYPE field at CWF.
Bene	Medicare beneficiary
COB	Coordination of Benefits is a written statement that tells which plan or insurance policy pays first if two health plans or insurance policies cover the same benefits. If one of the plans is a Medicare health plan, federal law may decide who pays first.
Contractor Number	Unique five-digit number assigned to Medicare contractors by HCFA. Transactions are entered and viewed in ECRS by contractor number.
CWF	Common Working File, the Medicare Part A/Part B benefit coordination system that uses localized databases maintained by a host contractor
Data Match	Process by which information on employers and employees is analyzed by HCFA for use in contacting employers concerning possible periods of MSP
DCN	Document Control Number
Developing Contractor	Contractor that may have an interest or involvement in an MSP case that was assigned to another contractor for coordination of Medicare activities
ECRS	Electronic Correspondence Referral System allows Medicare contractors to enter requests online through CICS screens to change Data Match and IEQ MSP records on CWF. Request transactions are sent to the COB contractor, where a batch process reads the transactions and processes the requests.
EIN	Employer Identification Number
HCFA	Health Care Financing Administration, federal agency that administers the Medicare program
HICN	Health Insurance Claim Number
IEQ	Initial Enrollment Questionnaire, used to gather Medicare Secondary Payer information for newly-eligible beneficiaries
Inquiry Transaction	Inquiry regarding possible MSP coverage, entered in ECRS
Lead Contractor	Main contractor coordinating Medicare activities for an MSP case with other contractors and insurance companies
Medicare Contractor	Organization contracting with HCFA to process claims, pay for or provide medical services, or enhance the agency's capability to administer the Medicare

	program
MSP	Medicare Secondary Payer, statutory requirement that private or other government insurance plans or programs providing health care coverage of Medicare beneficiaries pay before Medicare
Request Transactions	Requests to change Data Match and IEQ MSP records at CWF, entered in ECRS
SSN	Social Security Number